

4388-38
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APPLICATION FOR RECORDS RETENTION SCHEDULE

OFFICE OF THE SECRETARY OF STATE
DEPARTMENT OF ARCHIVES AND HISTORY
RECORDS MANAGEMENT DIVISION

INSTRUCTIONS: See Publication No. 76-RM-1 for instructions on completing this form. Forward signed original to Department of Archives and History, Records Management Division, 330 Capitol Avenue, Atlanta, Georgia, 30334, Attention: Scheduling Section.

FOR AGENCY USE		FOR RECORDS MANAGEMENT USE	
Application Date 03/20/79	1. Agency Address Department of Medical Assistance 1010 West Peachtree Street, N. W. Atlanta, GA 30309	Application Number 79-68	
Application Number		Date Received APR - 2 1979	Date Completed APR 11 1979
2. Person to Contact Dell McElwaney		Working Title Office Supervisor	Telephone Number 894-4919
3. Action Requested a. <input type="checkbox"/> Establish Retention Schedule; record will continue to accumulate. b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated. c. <input checked="" type="checkbox"/> Amend Application No. 74-115 Check One: <input type="checkbox"/> Change; <input checked="" type="checkbox"/> Supersede; <input type="checkbox"/> Void			
4. Dates of Series Earliest 1976	Latest present	5. Records Series Title (followed by title used in office; if different) Medicaid Refund Payment File	
6. Division and Office Function What is the function of the Division and the Office in which this record series is created? The Program Administration Division is responsible for providing the financial and support functions for the Department of Medical Assistance. This is accomplished by developing, implementing and monitoring a fair and equitable program of personnel administration including staff development and training; planning, evaluation and research in developing program policy; developing a more effective cost reimbursement system for hospitals; developing alternatives to present medical services for Medicaid recipients; planning the most effective methods of designating, monitoring, and controlling the funds allocated for Medicaid expenses; securing the most economical and functional equipment, supplies, space and services necessary for the operation of the Department; and assuring that all expenditures and refunds are accounted for in relation to appropriate State and Federal laws and regulations. The Refund/Recoup Office is responsible for recovering that portion of Medical Assistance payments made to Medicaid providers for services rendered to Medicaid recipients having supplementary insurance or third-party coverage.			
7. Record Series Description This file contains the following documents (include form numbers and titles, if any): Attach samples of the file. Documents relating to: Maintaining records of over-payments made to Medicaid providers and the subsequent refunding of these over-payments to the Department of Medical Assistance. Included are , but not limited to are: requests for refunds from Medicaid providers, information documenting Medicaid services and payments made for which refunds are being requested; documentation of Medicaid recipients' insurance or third-party coverage; and related correspondence. File is arranged: Alphabetically by provider and/or recipient.			
8. Monthly Reference Rate How often are records referred to which are: One to six months old <u>4</u> ; Seven to twelve months old <u>2</u> ; Thirteen to twenty-four months old <u>1</u> ; twenty-five months and older <u>1</u> ?			
9. Annual Rate of Accumulation of Records Letter-size drawers <u>6</u> ; Legal-size drawers _____; Shelves _____; Other (specify) _____			

YES	NO	10. Questionnaire (Place an "X" in the proper column)
X		a. Is this the official copy of the series? If not, where is it?
	X	b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation.
	X	c. Is this a vital record?
	X	d. Does this series have historical or long term research value?
	X	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
	X	f. Is the information contained in this series ever published? If yes, attach copy.
X		g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.
	X	h. Is there a duplication of this series in your office, or in another office or agency? If yes, where?
	X	i. Is this series (or a major portion of it) regularly microfilmed?
	X	j. Does the record series result in a computer printout?

11. Retention Requirements

The following requires the series to be kept:

a. State Law	3	years.	d. Audit period	3	years.
b. Statute of limitation		years.	e. Administrative need	4	years.
c. Federal law	3	years.	f. Federal retention instructions	3	years.

Attach copy or excerpt of laws or regulations. Explain administrative need.

(See attachment)

12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

☐ Calendar Year; ☒ Fiscal Year; ☐ Other _____ then,

- ☒ Hold in the current files area 6 month(s) _____ year(s); then
- ☐ Transfer to local holding area, hold _____ year(s); then
- ☒ Transfer to State Records Center; hold 3½ year(s); then
- ☒ Destroy.
- ☐ Transfer to State Archives for permanent retention.
- ☐ Other (Specify)

These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
X <i>Lap M. Cary</i>	3/29/79	<i>Paul J. Murphy</i>	3/29/79
		State Records Committee (Signature)	Date
Recommendations in paragraph 12 are approved. (If disapproved, attach letter of explanation.) 79-68		State Auditor/Designee <i>[Signature]</i>	4-9-79
		Secretary of State/Designee <i>[Signature]</i>	4-9-79
		Attorney General/Designee <i>[Signature]</i>	4-10-79